

2-4	Targeted Case Management (Support Coordination)	Part 1 of 3
Authorizing Utah Code: 62a-5-103	Rule: R539-3-6	DD Support
Approved: 1/13/00	Rule Effective:	Printed: 1/00
Form(s): 19, 1-15, 817, 870A and ICAP	Guideline(s): TCM Certification Manual	

POLICY

Division staff will provide targeted case management, TCM, for **Persons** with disabilities who are eligible in accordance with Utah Administrative Rule R414-33. Targeted case management is available only to **Persons** under the age of 21 who are eligible for **Division** and **Medicaid** funding. Persons receiving **Support Coordination** under the **Waiver** are not eligible. Eligible **Persons** must exhibit one or more of the following:

- A. a condition resulting in the need for multiple or specialized health care services;
- B. a need for services spanning a variety of **Providers**;
- C. a need for assistance in developing and following a training program;
- D. frequent crisis episodes resulting in the need for individualized supports;
- E. a need for increased support systems to assist the **Person** to obtain needed services.

PROCEDURES

1. The **Support Coordinator** will determine the **Applicant's** eligibility for targeted case management services.
2. The following documents must be contained in each **Person's** record:
 - A. documentation of eligibility including a **Form 19** (Eligibility for Services), an Inventory for Client and Agency Planning (documenting the need for targeted case management services and providing individualized needs assessment information), and verification the **Person** is eligible for **Medicaid**;
 - B. a **Form 1-15, Family Service Plan** for **Persons** living with family, or a **Form 1-15, Individual Service Plan** for **Persons** not living with family. The plan must be completed within 30 days of the date services start, identify the supports the **Person** will receive and who will provide each support; and
 - C. written quarterly progress notes that track the **Person's** progress toward plan outcomes. Progress notes must be updated at least quarterly within the month due, or more frequently as required by the **Person's** condition. Notes should include the date of service, name of **Person**, name of office and **Provider Agency**, signature of **Support Coordinator**, place service took place and a description of the case management activity and how it related to the outcomes listed in the **Individual Service Plan**.
3. Supports can be provided by registered nurses, licensed social workers, and licensed social service workers and non-licensed workers employed by the **Division** who have successfully completed a targeted case management certification course.
4. All completed targeted case management activities must be documented on a **Form 870A, Activity Log**. Targeted case management services include:

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- A. assessment of the **Person's** need for community resources and services;
 - B. development of a coordinated case management service plan to assure adequate access to medical, social, educational, and other related services;
 - C. linking the **Person** with basic community resources and needed services;
 - D. coordination of delivery of supports including Child Health Evaluation and Care (CHEC) screenings and follow-up;
 - E. instructing the **Person** or caretaker, as appropriate, in independently obtaining access to needed services;
 - F. monitoring of service quality and appropriateness;
 - G. assisting the **Person** or family in understanding the management of the **Person's** care;
 - H. periodic reassessment of the **Person's** status and modification of **Individual Service Plan** as needed; and
 - I. monitoring of the **Person's** progress and continued need for services.
5. **Medicaid** will consider the aforementioned activities as case management activities only if:
- A. the activities are delineated in the case management service plan; and
 - B. the time spent in the activity involves a face-to-face encounter, telephone or written communication with the **Person**, family, caretaker, **Provider**, or other with a direct involvement in providing or assuring the **Person** obtains the necessary services documented in the targeted case management service plan.
6. Targeted case management services do not include:
- A. completing activity logs and progress notes;
 - B. teaching, tutoring, training, instructing, or educating the **Person** or others;
 - C. directly assisting with personal care or activities of daily living (e.g., assisting with budgeting, cooking, shopping, laundry, apartment hunting, moving residences or acting as a **Protective Payee**);
 - D. performing routine services including courier services (e.g., running errands or picking up and delivering food stamps or entitlement checks);

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- E. providing other **Medicaid** services (e.g., medical evaluations and medical examinations are reimbursed by **Medicaid** on the **Medicaid** card, psycho-social evaluations and examinations, treatment, therapy, and counseling that may be billable to **Medicaid** under **Medicaid** Enhancement);
- F. traveling time to the **Person**'s home or other location where a covered TCM activity will occur. However, the amount of time spent in a TCM activity during the trip is still countable as a TCM activity.
- G. time spent transporting a **Person** or family members;
- H. providing services for or on behalf of other family members who do not directly assist the **Person** to access needed services (e.g., counseling the sibling(s) or helping parent(s) obtain a mental health service);
- I. helping the **Person** to establish and maintain **Medicaid** eligibility (e.g., Locating, completing and delivering documents to the **Medicaid** eligibility worker); and
- J. recruitment activities in which the agency or case manager attempts to contact **Applicants** of service.